Testimony

Of

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Good Morning Chairman Chopra, members of the HIT Policy Committee and all other panel members. My name is Sidd Shah and I am the Program Manager for the NYC Primary Care Information Project (PCIP) from eClinicalWorks.

eClinicalWorks® is a leader in ambulatory clinical solutions. The company's unified Electronic Medical Records (EMR) with built-in ePrescribing, Ordersets creation and Clinical Decision Support functionalities, integrated Practice Management (PM) system and Patient Portal solution manages patient flow from check-in to check-out, allows secure patient communication and streamlines practice workflows regardless of practice size, specialty and number of locations. Our solutions extend the use of electronic health records beyond practice walls offering our customers the latest technologies like providing mobile-browser access to providers anywhere at any time, VOIP based voice and text messaging communication between patients and providers and advance interoperability using our health exchange product to create community-wide records.

eClinicalWorks has an established customer base of **more than 30,000 providers that span across more than 6000 practices** and **100,000 plus users** across all 50 states. The company has the flexibility and functionality required to deliver healthcare that is both efficient and effective, making quality medical care and transportability of patient health records a reality which we believe are corner stone requirements of the meaningful use requirements.

In the year 2007 in New York City, we had been selected as the vendor of choice as part of the Primary Care Information Project. It has been by far the largest public health projects implemented in the country and we are proud of our accomplishments of making over 1800 providers live on our EMR/PM system within a period of a little over 2 years. The interesting fact to be stated here is that the 350 plus practices that make up the 1800 live providers come from independent solo practices, small private practices, federally qualified health centers and mid to large sized outpatient hospital settings. These safety net providers deliver care to the medically underserved, the uninsured and also includes patients at the Riker's Island Correctional facility.

We walked into this project, three years ago, to implement the complete suite of our solution from scheduling to electronic medical records to billing to make a practice all digital and efficient. But since then we have learnt and implemented public health functionalities including population health reporting, clinical decision support at the point of care for chronic conditions that require preventive care and use of Ordersets, which really changes delivering healthcare in a significant way. Providers participating in the PCIP and all other eCW users around country now have this functionality as part of their 8.0 eCW EHR to receive point of care alerts through intuitive clinical decision support. These features have been developed with significant contributions from the thought leaders at the NYC Department of Health and Mental Hygiene and the PCIP. I would like to highlight that today every doctor that has implemented eCW EHR in NYC has a clinical decision system that is actionable and it is proving to be a human interface which is impacting physician behavior in a positive manner. This talks volumes of a private and public partnership.

Using eClinicalWorks extensive reporting capabilities, providers are also able to electronically send patient de-identified quality reports data, syndromic surveillance data, and system usage data to PCIP. PCIP can then manage community level data aggregation and adoption reporting, run provider incentive programs and allocates resources to those practices and / or providers who need additional assistance with EMR adoption. We are also engaged in the NYC DOHMH's eHearts Rewards Program to improve cardiovascular health that produces the greatest impact on the health of New Yorkers. eHearts uses EHR-generated clinical quality outcomes which is an attempt to check provider and practice level performance compliance with the ABCS (aspirin therapy, BP control, Cholesterol control and Smoking cessation) measure. We have together designed the technology and created training programs; PCIP has put together an extensive QI program through which they are now in the process to measure providers participating in this program.

In support of our clients, we offer the complete suite of our implementation services that include project management, technical architecture consulting, installation services, workflow analysis, hands-on onsite training, go-live support program, free educational ongoing product training webinars, sponsor national conferences, and host community forums. All of these offerings bring our extensive implementation experience to providers and practices of all sizes that are now gearing up for implementation or need help maximizing the potential of their eCW system. eClinicalWorks Implementation Services provides one of the fastest and most cost effective deployment strategies and allows a complete practice implementation from kick-off to go-live in less than 8 weeks. This rapid deployment allows the customer the ability to focus on the real challenges of provider adoption - ePrescribing, clinical decision support, quality reporting, health data exchange, and more.

As we have interpreted the 25 Stage 1 meaningful use measures for EPs as part of the IFR and the NPRM, we meet all of them, however there are certain measures that are yet to be completely defined or clarified which may require additional parameterization by us. On the requirements for the Submission of Clinical Quality Measures by EPs, we continue to review the guideline for clearer and actionable interpretation of the IFR. As regards to Engaging patients and families in their health care, we believe our visit summary and patient portal solution are adequate tools but we will await the clarity in the final definitions in the rulings coming ahead.

We believe that it is not going to be difficult to overcome the meaningful use criteria as much as it is to transform a paper based office to a completely all digitized office. In this transformation, ease of use cannot be understated. Our goal is to get a satisfied customer at the end of the day and we have had a decade long pursuit of creating a product which is easy to use. We have learnt from our experiences and propose that this committee looks at the requirements of a complete system versus looking at silos of automating certain areas of a doctor's office. We share the vision of our customers to automate the entire clinical office setting from scheduling to medical records documentation to billing and thus more than 92% of our customers use our complete product.

Some of our greatest challenges in executing our roadmap and help providers receive CMS incentive payments will be:

1. Certain measure definitions are not yet complete. The challenge is going to figure out medication based measures. Medication names alone are not going to suffice to configure these measures in EHRs. There are various different drug databases being adopted by EHRs which use their own non-standard naming conventions. It would be better to understand the NDC codes used for these medications on the measures rather than leaving it to the vendor discretion.
2. As part of the measure configuration has also been reaching out to the people who have the adequate information and it has been a challenge to get responses maybe because of resource constraints.
3. There are measures that need to be coded as part of quality reporting for 2011 and beyond that require data to be available in the EHR in discrete fashion from other healthcare providers, such as lab results from lab companies. Lab companies in the past have refrained from building interfaces for practices sometimes based on size or volume of lab tests generated by the practice. This would require practices to hand-key lab data into the EHR which has proven to be a highly resource intensive process and would not be adopted well by provider practices.
4. Every practice needs to go through a lengthy testing process which requires an implementation army to be built to implement a lab interface at a practice. We ask that this process be simplified by allowing EHR vendors to build lab hubs where a contract is created between a lab company and an EHR vendor allowing results to be transmitted to every practice connected to the hub.
5. The area of ePrescribing has had significant improvement in the last few years, but we believe there are areas which require pharmacists to be educated to look-up eprescribed

meds so patients are not turned away at the pharmacy counter. This would lower patient and provider confidence in the system.

6. In areas such as NYC, there are still significant portion of non-chain pharmacies that do not accept electronic prescriptions which could be a challenge for providers to achieve eRx related measure.
7. The area of Medication History transfer and reconciliation is one which will require some further looking into.
8. There are some misinterpretations in the measures related to insurance eligibility and immunization registry which we believe will need to be clarified in the final rule making.

Tools for Meaningful Use

- Educational – ongoing user training and free educational webinars on the product that are geared towards meaningful use. All of the above is not possible by software alone. It includes hand-holding, training and continuous education. We did more than 1000 free webinars last year that were attended by more than 25000 users. We did one webinar last week on meaningful use that was attended by 500 customers. We also hold National User Conferences and Regional User group meetings which are attended by thousands of users which undergo a slew of trainings and presentations.

- We offer resources for onsite assessment for practices to measure themselves and understand changes required in the practice workflow and configurations needed to achieve the meaningful use objectives.

- Automated online tools are also made available to practices to self-assess themselves.

- Physician dashboards are available right in the product for providers to measure against compliance to each measure and be able to confidently attest to Stage 1 measure requirements.

Now, I would be happy to answer any questions that you may have.
Thank you.